

DECLARATION BY APPLICANT:

I,aged.....years
residing at (Residential Address).....having passed my “Diploma
in Dental Surgery” (equivalent to a BDS) examination from (name of Medical Institution)
.....
situated in (name of country).....do declare and certify
that:

1. I am a **citizen of Mauritius** or I am a **non citizen** holding a work permit or exempted from holding a work permit under the Non Citizens (Employment Restriction) Act or hold an occupational permit under section 9A of the Immigration Act.
2. I am aware that my taking part/success in Dental Registration Examination does not confer any right whatsoever for registration with Dental Council of Mauritius
3. I have read the information bulletin for DRE scheduled for **Wednesday 10 July 2024** and hereby certify that I am eligible to appear in the said exam.
4. I have not submitted any incorrect or false information to the Dental Council of Mauritius for this purpose and I am aware that I shall be liable for action in the event of submission of any incorrect or false information.
5. I certify that I have filled the application form for the Dental Registration Examination to be held on **10 July 2024**, in my own handwriting.

.....
Name of Applicant (in block letters)

.....
Signature of Applicant

DATE:.....